FIED NOV 4 1948 9 Primary Registration District No. 10 2 Registrator's No. 1003 1. PLACE OF DEATH (c) County	2	Branch of the Country		33047
Registration District No. 1002 Registration District No. 1002 Registration District No. 1003	9		ICATE OF DEATH State File No	***************************************
(c) County JACKSON (1970) (d) City or town II middle city extress limits, with "BURKL" and same of township) (e) County II middle city extress limits with "BURKL" and same of township) (f) County of hospital or institution. (g) City or town II middle city extress limits with "BURKL" and same of township) (g) City or town II middle city extress limits with "BURKL" and same of township) (g) City or town II middle city extress limits with "BURKL" and same of township) (g) City or town II middle city or township with the same of township) (g) City or town II middle city or township with the same of townsh	6671		ct No. 1002 Registrar's No.	4063
(b) City or town. MANSEL CLT. (c) City or town. MANSEL CLT. (d) Name of hospital or institution: 3. 3. 53	ļ		2. USUAL RESIDENCE OF DECEASED:	110
(c) City or town. A. A. C. City or town. A. C. C. City or town. C. Control. C. C. City or town. C. Control. C. C. City or town. C. City or town. C. City or town. C. Control. C. Control. C. Control. C. City or town. C. Control. C. City or town. C. City or town. C. Control. C. Control. C. Control. C. Control. C. Control. C. Co	2		(a) State MISSOURI IN COURTY TA	CK50N 40
J. S. Selection of the control in boogled or institution. J. Grant of stay: In hought of the control in the community of the control in the community. J. Grant of stay: In hought of the control in the control	3			7
(d) Length of stay: In hospital or institution. (d) Length of stay: In hospital or institution. (d) Length of stay: In hospital or institution. (e) Length of stay: In hospital or institution. (g) Citizen of foreign country?		(c) Name of hospital or institution:	(If outside city or town limits, write	a : 17
3. (b) If veteran, name war. 3. (c) Social Security No. 10. 11. I hereby certify that I attended the deceased from formal 14 174 21. I hereby certify that I attended the deceased from formal 14 174 21. I hereby certify that I attended the deceased from formal 14 174 22. I hereby certify that I attended the deceased from formal 14 174 23. I hereby certify that I attended the deceased from formal 14 174 24. Sexfembled race with I alive on and that death of the date and hour dated above. 25. I hereby certify that I attended the deceased from formal 14 174 26. (a) Name of husband or wife I alive years 27. Birth date of deceased 28. AGE: Years Month Days If less than one day 29. Birthplace 29. Birthplace 20. DATE OF DEATH. Month O CLARK day 21. I hereby certify that I attended the deceased from formal 14 174 21. I hereby certify that I attended the deceased from formal 14 174 21. I hereby certify that I attended the deceased from formal 14 174 21. I hereby certify that I attended the deceased from formal 14 174 22. I hereby certify that I attended the deceased from formal 14 174 23. I hereby certify that I attended the deceased from formal 14 174 24. Sexfembled race with I alive on and that death and hour dated above. 25. Date of perfect of the date and hour dated above. 26. Date of deceased from formal 14 174 27. I hereby certify that I attended the deceased from formal 14 174 28. AGE: Years Month Days I less than one day 29. Birthplace formal 14 174 20. Date of deceased from formal 14 174 21. I hereby certify that I attended the deceased from formal 14 174 21. I hereby certify that I attended the deceased from formal 14 174 22. I hereby certify that I attended the deceased from formal 14 174 22. I hereby certify that I attended the deceased from formal 14 174 22. I hereby certify that I attended the deceased from formal 14 174 23. I hereby certify that I attended the deceased from formal 14 174 24. I hereby certify that I attended the deceased from formal 14 174 25. Date of dece		(If not in hospital or institution, write street number or location)	(d) Street No. 3833 JALTIMORE (if rura), give location)	HVENUE
3. (b) If veteran, name war. 3. (c) Social Security No. 10. 11. I hereby certify that I attended the deceased from formal 14 174 21. I hereby certify that I attended the deceased from formal 14 174 21. I hereby certify that I attended the deceased from formal 14 174 22. I hereby certify that I attended the deceased from formal 14 174 23. I hereby certify that I attended the deceased from formal 14 174 24. Sexfembled race with I alive on and that death of the date and hour dated above. 25. I hereby certify that I attended the deceased from formal 14 174 26. (a) Name of husband or wife I alive years 27. Birth date of deceased 28. AGE: Years Month Days If less than one day 29. Birthplace 29. Birthplace 20. DATE OF DEATH. Month O CLARK day 21. I hereby certify that I attended the deceased from formal 14 174 21. I hereby certify that I attended the deceased from formal 14 174 21. I hereby certify that I attended the deceased from formal 14 174 21. I hereby certify that I attended the deceased from formal 14 174 22. I hereby certify that I attended the deceased from formal 14 174 23. I hereby certify that I attended the deceased from formal 14 174 24. Sexfembled race with I alive on and that death and hour dated above. 25. Date of perfect of the date and hour dated above. 26. Date of deceased from formal 14 174 27. I hereby certify that I attended the deceased from formal 14 174 28. AGE: Years Month Days I less than one day 29. Birthplace formal 14 174 20. Date of deceased from formal 14 174 21. I hereby certify that I attended the deceased from formal 14 174 21. I hereby certify that I attended the deceased from formal 14 174 22. I hereby certify that I attended the deceased from formal 14 174 22. I hereby certify that I attended the deceased from formal 14 174 22. I hereby certify that I attended the deceased from formal 14 174 23. I hereby certify that I attended the deceased from formal 14 174 24. I hereby certify that I attended the deceased from formal 14 174 25. Date of dece	Z Z	(Specify whether	(e) Citizen of foreign country? Yo	(Yes or No)
3. (b) If veteran, name war. 3. (c) Social Security No. 10. 11. Interest certify that I attended the deceased from Interest that I hat saw now alive on and that death one stated above. 12. Interest certify that I attended the deceased from Interest that I hat saw now alive on and that death one stated above. 12. Interest certify that I attended the deceased from Interest that I hat saw now alive on and that death one stated above. 13. Birth date of deceased Interest that I hat saw now alive on and that death one stated above. 14. See Interest that I have now now and that death one stated above. 15. Birth date of deceased Interest that I have alive on and that death one stated above. 16. (a) Name of husband or wife Interest that I have alive on and that death one stated above. 18. AGE: Years Months Days If less than one day 19. Birthplace Interest that I have alive on and that death one stated above. 19. Birthplace Interest that I have alive on and that death one stated above. 10. Usual occupation Interest that I have alive on I have alive	2	In the community	 	
3. (b) If veteran, name war. 3. (c) Social Security No. 10. 11. Interest certify that I attended the deceased from Interest that I hat saw now alive on and that death one stated above. 12. Interest certify that I attended the deceased from Interest that I hat saw now alive on and that death one stated above. 12. Interest certify that I attended the deceased from Interest that I hat saw now alive on and that death one stated above. 13. Birth date of deceased Interest that I hat saw now alive on and that death one stated above. 14. See Interest that I have now now and that death one stated above. 15. Birth date of deceased Interest that I have alive on and that death one stated above. 16. (a) Name of husband or wife Interest that I have alive on and that death one stated above. 18. AGE: Years Months Days If less than one day 19. Birthplace Interest that I have alive on and that death one stated above. 19. Birthplace Interest that I have alive on and that death one stated above. 10. Usual occupation Interest that I have alive on I have alive	3	2 (a) PRINT M T O 77	MEDICAL CERTIFICATION	,
S. (a) If Veeran, name war. S. (b) Scend Security S. (c) According Security S. (c) Scend Security S. (c) Scend Security S. (c) Scend Security S. (c) According Security S. (c) Scend Security S. (c) S	2	FULL NAME ///PS, L.DA C FIERCE	DATE OF STREET	∠T∯
name war 10 No. 12 No.	<			
5. Color or accentified a disserted of the conditions of the condi	7	name war 1/0 No. No. No.		
4. Sex EMARKA race WALTE Deliverces Double of the shand or wife if and that death occurred on the date and hour stated above. 6. (b) Name of husband or wife M. (c) Age of husband or wife if a dive years and that death occurred on the date and hour stated above. 7. Birth date of deceased (Month) (Doy) (Your) 8. AGE: Years Months Days If less than one day 9. Birthplace DAN VILLE JALINO'S (City, town, or county) (State or foreign country) 10. Usual occupation The USE WIFE (Inglied gregnary yithin 3 months of death) 11. Industry or business AT HOME (Inglied gregnary yithin 3 months of death) 12. Name SET JAMIN (UMMINGS) 13. Birthplace UNKNEWN NENTUCKY 14. Maiden name Country (City town, or country) (State or foreign country) 15. Birthplace (City town, or country) (State or foreign country) 16. (a) Informant GUEL (City town, or country) (State or foreign country) 16. (b) Address 3 & 3 & 3 & 3 & 4 & 4 & 4 & 4 & 4 & 4 &	Š į	5. Color or 6. (a) Single, widowed, married,	21. I hereby termy that I attended the deceased from	5 1048. /
6. (c) Age of husband or wife II 7. Birth date of deceased MR (Month) (Dw) (Vear) 8. AGE: Years Months Days If less than one day 9. Birthplace DAN VINLE ILLINOIS (City, town, or country) (State or foreign country) 10. Usual occupation HOUSE WIFE: 11. Industry or business AT HOME 12. Name BENITAMIN CUMMINGS 13. Birthplace UNKNOWN State or foreign country! 14. Maiden name GECKINA (State or foreign country) 15. Birthplace UNKNOWN State or foreign country! 16. (a) Informant GWAN STATE (Manch) (Dw) (State or foreign country) 17. (a) Address 3 3 3 5 Daltman (Manch) (Dw) (Year) (b) Address 3 8 3 5 Daltman (Manch) (Dw) (Year) (c) Place: burial or eremevial (D) Date thereof OCT-6-1944 (Manch) (Dw) (Year) (b) Address 4 11 Amages Bank Dank Dank Dank Dank Dank Of place in jury voccur? (City or town) (Country) (State) (b) Address 4 11 Amages Bank Dank Dank Dank Dank Dank Dank Dank D		4. Sex FEMALE Tace WHITE 2 divorced WI DOWEL	0 -	10.4/8
Immediate gause of death Immediate gause of	Ž	· · · · · · · · · · · · · · · · · · ·		1
7. Birth date of deceased (Month) (Day) (Year) 8. AGE: Years Months Days If less than one day 9. Birthplace DAN Y LAE JAMIN (State or foreign country) 10. Usual occupation HOUSE WIFE 11. Industry or business AT HOME 12. Name BENTAMIN (WMMINGS) 13. Birthplace WAKNOWN (City, town, or country) 14. Maiden name WECKWA PRINTING 15. Birthplace WAKNOWN (City, town, or country) 16. (a) Informant (Willy Country) (State or foreign country) 16. (a) Informant (City, town, or country) 17. (a) Maria cremation, or removal) (State or foreign country) (b) Address 38 35 Saltman (Month) (Day) (Year) (c) Place: burial or cremation, or removal) (Busin) (Part (Month) (Day) (Year) (b) Address Holl Address (Signature of incremation, or removal) (State) (Washin) (Day) (Year) 18. (a) Signature of incremation or AMP Fairty MARIAN (Signature of incremation, or removal) (Maria Day) (b) Address Holl Address Day (Maria Day) (b) Address Holl Address Day (Maria Day) (b) Address Holl Address Day (Maria Day) (c) Place: burial or cremation or country (Maria Day) (b) Address Holl Address Day (Maria Day) (b) Address Holl Address Day (Maria Day) (c) Place: burial or cremation or country (Maria Day) (c) Place: burial or cremation or the Maria Day (Maria Day) (c) Place: burial or cremation or the Maria Day (Maria Day) (d) Did injury occur? (City or town) (Country) (d) Did injury occur? (City or town) (Country) (d) Did injury occur? (City or town) (Maria Day) (d) Did injury occur? (Maria Day) (d) Maria or injury Min Holls Day (d) Maria or inju	4	JOSEPH PIERCE alive		Duration
8. AGE: Years Months Days If less than one day 90	2		astrosetolic heat disease	2+900
9. Birthplace DANYILLE JALINOIS 10. Usual occupation HOUSE WIFE: 11. Industry or business AT HOME 12. Name BENTAMIN CUMMINGS 13. Birthplace UNKNUWN SENTUCKY 14. Maiden name CECKUA PARKISH 15. Birthplace UNKNOWN SENTUCKY 16. (a) Informant QUANT MOWN STATUCKY (b) Address SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS			Harris III	
9. Birthplace DANY/LALE JOHN 0/15 (City, town, or country) 10. Usual occupation HOUSE WIFE 11. Industry or business AT HOME 12. Name BENJAMIN CUMMINGS 13. Birthplace WINTOCKY 14. Maiden name GECEWIA PARNISH 15. Birthplace WINTOCKY 16. (a) Informant Gualda Morras (City, town, or country) (Bate or foreign country) (State or foreign country) (Bate of cocurrence country) (City, town, or country) (Bate or foreign country) (City, town, or country) (State or foreign country) (Bate of cocurrence country) (City town, or country) (Bate of cocurrence country) (City or town) (Country)	ا د		Due to Jenseyes Amorellari	, glas ++
9. Birthplace (City, town, or county) (State or foreign country) 10. Usual occupation (City, town, or county) (State or foreign country) 11. Industry or business (City, town, or county) (City, town, or county) (State or foreign country) 12. Name (City, town, or county) (State or foreign country) 13. Birthplace (City, town, or county) (State or foreign country) 14. Maiden name (City, town, or county) (State or foreign country) 15. Birthplace (City, town, or county) (State or foreign country) 16. (a) Informant (City, town, or county) (State or foreign country) 16. (a) Informant (Differential or country) (Month) (Day) (Year) (b) Address (b) Date thereof (Month) (Day) (Year) (c) Place: burial or cremation, or removal) (Month) (Day) (Year) (d) Did injury occur in or about home, on farm, in industrial place, in public place (e) Place: burial or cremation (AMP (ONT), Table (MONT)) (State) (b) Address (City town, or county) (County) (State) (c) Place: burial or cremation (AMP (ONT), Table (MONT)) (Month) (Day) (Year) (d) Did injury occur in or about home, on farm, in industrial place, in public place (e) While at worth (City or town) (County) (Month) (Day) (Year) (b) Address (City town, or country) (City or town) (Country) (City or town) (Country) (City or town) (Country) (City or town) (City or		90 4 21 hrmin.		
(City, town, or county) 10. Usual occupation 11. Industry or business. A T HOME 12. Name BENT J MIN (UMMINGS) 13. Birthplace (City town, or county) (State or foreign country) 14. Maiden name CECEUIA (State or foreign country) (City town, or county) (State or foreign country) (State or foreign country) (City town, or country) (City town, or country) (State or foreign country) (A) Accident, suicide, or homicide (specify) (Burisl, cremation, or removal) (City or town) (Country)	4	a Richard DANVILLE TAKINOIS	Due to	
11. Industry or business. 12. Name. BENJAMIN CUMMINGS (City town, or county). (State or foreign country)? 13. Birthplace. UNKNOWN SENTUCKY (City town, or county). (State or foreign country)? 15. Birthplace. UNKNOWN SENTUCKY (City town, or county). (State or foreign country)? (State or foreign country). (A) Accident, sticide, or homicide (specify). (Burial, cremation, or removal). (Burial, cremation, or removal). (City or town). (County). (State). (County). (State). (Did injury occur?	5	(City, town, or county) , (State or foreign country)	Basicon Lager	2 m +
Major findings: Of operations Underline the cause of operations	1	The country of the co	(Instude pregnancy within 3 months of death)	1/1/400+
12. Name 13. Birthplace (City town, or county) 14. Maiden name 15. Birthplace (City town, or county) (City town, or county) (City town, or county) (State or foreign country) (State or foreign country) (State or foreign country) (State or foreign country) (City town, or county) (State or foreign country) (City town, or country) (A Accident, suicide, or homicide (specify) (Barial, cremation, or removal) (City or town) (Country) (City or town) (Country) (City or town) (Country) (Country) (Country) (City or town) (City or	ا ۲ <u>ٔ</u>	11. Industry or business		PHYSICAN
13. Birthplace (City town, or county). (State or foreign country) 14. Maiden name (City town, or county). (State or foreign country) 15. Birthplace (City town, or county) (State or foreign country) 16. (a) Informant (City town, or county) (State or foreign country) (b) Address (Burial, cremation, or removal) (Month) (Day) (Year) (c) Place: burial or cremation (AMP facint) (Lity town) (County) (State) 18. (a) Signature of funeral director (City or town) (County) (State) (b) Address (H) (Burial, City or town) (County) (State) (c) Where did injury occur in or about home, on farm, in industrial place, in public place (d) Did injury occur in or about home, on farm, in industrial place, in public place (e) Means of injury Vim H (f) Address (H) (Burial, City town) (County) (City or town) (City or town) (City or town) (County) (City or town) (City or t	_	E (12 Name BENJAMIN CUMMINGS	Major indings; Of operations.	
(City town, or county), (State or foreign country) 14. Maiden name (FC) (A) (PARRISH (S) (State or foreign country) 15. Birthplace (City town, or county) (State or foreign country) 16. (a) Informant (A) (City town, or country) 17. (a) (Burish, cremation, or removal) (Month) (Day) (Year) (b) Date of occurrence. (City or town) (County) (State) (c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place (e) Place: burial or cremation. (AMR facility, Industrial place) (Month) (Day) (Year) (b) Address (FD) (Address (FD) (Pare) (Month) (Day) (Year) (c) Place: burial or cremation. (AMR facility, Industrial place) (Month) (Month) (Day) (Year) (d) Mile at work (FD) (Month) (Mont	7	(13. Birthplace UNKNOWN KENTUCKY)	7.25	the cause to
15. Birthplace (City town or county) (State or foreign country) 16. (a) Informant (City town or county) (b) Address (Burial, cremation, or removal) (c) Place: burial or cremation (AMP Society Light Month) (Day) (State) (c) Place: burial or cremation (AMP Society Light Month) (Day) (State) (d) Address (Signature of funeral director (AMP Society Light Month) (Burial Month) (B	4	(City, town, or county), (State or foreign country)	Of autopsy	should be
(City town or county) 16. (a) Informant Coulold Morrow it. (b) Address 38 35 13 (IIII) 17. (a) FEMOURA (b) Date thereof CT-6-19448 (Month) (Day) (Year) (c) Place: burial or eremation. Or removal) (d) Did injury occur? (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place (e) Place: burial or eremation. CAMP TOINT, The INOIS 18. (a) Signature of funeral director. It was due to external causes, in in the following: (a) Accident, suicide, or homicide (specify) (b) Date of occurrence. (c) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, in public place (e) Means of injury Vim H. (b) Address 1401 Amagh Land Cause of Specify type of place) (c) Means of injury Vim H. (d) Did injury occur in or about home, on farm, in industrial place, in public place (e) Means of injury Vim H. (f) Means of injury Vim H. (g) Goodson Jr	G			tistically.
(b) Address 38 35 13 (Livro 1944) (b) Address (City or town) (County) (State) (City or town) (County) (State) (City or town) (County) (State) (County) (_	
(c) Place: burial or evenation. CAMP Solvit, J. Lehell Of S. (a) Signature of funeral director. Discovery and the second of the		16. (a) Informant Could Thomas		***************************************
(6) Place: burial or exemetion. CAMP TOLIST, Ibball NOIS 18: (a) Signature of funeral director. It is a superior of funeral director of funeral director of funeral director. It is a superior of funeral director of funeral	^ ∥		``	*****************************
(c) Place: burial or cremation CAMP POINT, Interited S 18: (a) Signature of funeral director Will Mancomina Social (b) Address 1401 Angle Coodson Jr (c) Place: burial or cremation CAMP Point July Specify type of place) (d) Mile at world Specify type of place) (e) Place: burial or cremation CAMP Point July Specify type of place) (b) Address 1401 Angle Coodson Jr		17. (a) / L/(UVHL) (b) Date thereof CE (-6-744). (Burial, cremation, or removal) (Month) (Day) (Year)	(City or town) (Cour	
18: (a) Signature of funeral director At 11 Memorning Source While at work (c) Means of injury Vim. H. (b) Address 1401 Brugh back Black			, and injury occur in or about nome, on tarm, in industrial p	
(b) Address 1401 Brugh toget alice 11 11 Tradia 1/ 111) Goodson Jr	·	6.11.100	While at work (Specify type of place)	Vm H
		(b) Address 1401 Brugh to sell Blid.	11/2/2011/1/11/11	loodson Tr.
19. (a) 10-6-48 (b) Heraldine Holones 33. Signature 11 (M.D. or other) 1. (M.D. or other) 1. (Date received local registrar) (Registrar's signature) Address (Ling 6 Miss Date signed 9/6/		19. (a) 10-6-48 (b) Geraldine Holones	23. Signature (1)	1. D. or other)
(Licensed Embalmer's Statement on Reverse Side) 730 Prof B9	39			

STATEMENT BI LICENSED EMBALMER			
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by			
	, Registered Apprentice No.		
working under my personal supervision.	Signed Licensed Embalmer No. 4453		
	Licensed Embalmer No. 445		

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.